

DEPARTMENT OF SYSTEMS AND COMPUTER ENGINEERING OTTAWA-CARLETON JOINT INSTITUTE FOR ELECTRICAL AND COMPUTER ENGINEERING

PREFERENCE FORM

Legal Last Name/Family Name		Given Name(s)			
AREA OF SPECIALIZATION – Indicate your 1 st , 2 nd , and 3 rd choice, if applicable					
Department of Syste	Choice	Supervisor (O	ptional)		
Biomedical Engineering					
Computer and Software Engineering					
Computer Communications, Distributed Systems, and Multimedia					
Digital & Wireless Communications					
Signal, Speech and Image Processing					
Systems & Machine Intelligence					
Please indicate your preference, if applicable					Yes/No
If my application is rejected for PhD, please consider it for MASc (answer if applying for PhD).					
If my application is rejected for MASc, please consider it for MEng (answer if applying for MASc or applying for PhD and answered yes for the above question).					
If my application is rejected at Carleton University, I would be interested in being considered at the University of Ottawa.					
FINANCIAL SUPPORT					
Financial support from the department is limited by budgetary considerations. If you are prepared to finance your own studies, either partially or fully, through grants, scholarships, or other means, please declare this information. Please consult the Financial Services website when making your decision: www.carleton.ca/fees/					
					Yes/No
I am prepared to FULLY finance my studies.					
I am prepared to PARTIALLY finance my studies.					
I am NOT prepared to finance my studies. I understand that my application may be rejected, regardless of academic merit, if Carleton University cannot arrange financial support.					
Source of Funding	Description			CDN \$ Amount	
Scholarship:					
Other means:					
Financial support required to augment funding declared:					